


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000024233 (7)**

1. Corporation Name  
**MOODY AERO GRAPHICS, INC.**



Principal Place of Business <b>PO BOX 1359 BELLEVIEW FL 34420</b>	Mailing Address <b>PO BOX 1359 BELLEVIEW FL 34421-1359</b>
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3. Date Incorporated or Qualified <b>03/30/1993</b>	3a. Date of Last Report <b>03/07/1996</b>
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2. Principal Place of Business 21 <b>9740 SE 58th Ave</b> Suite, Apt #, etc.	2a. Mailing Address 26 <b>P.O. Box 1450</b> Suite, Apt #, etc.
22 City & State 23 <b>Belleview, FL</b> Zip Country	27 City & State 28 <b>Belleview FL</b> Zip Country
24 <b>34420</b> 25	29 <b>34421</b> 30

4. FEI Number <b>65-0507073</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HOWES, ROBERT PAUL 9740 SOUTHEAST 58TH AVENUE BELLEVIEW FL 34420</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4-1-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOODY, HARRY</b>	1.2 NAME	
STREET ADDRESS	<b>9090 72 AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	1.4 CITY-ST-ZIP	
TITLE	PST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWES, ROBERT PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>9740 SOUTHEAST 58TH AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEVIEW FL</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRIGGERS, JERRY</b>	3.2 NAME	
STREET ADDRESS	<b>9740 SOUTHEAST 58TH AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEVIEW FL</b>	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LESOCKY, MARY FRANCES</b>	4.2 NAME	
STREET ADDRESS	<b>3721 SE 19TH AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA, FL 34471</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **4-1-97** 352-347-3330

CR2E034 (9/96)